



§483.25(a) Resident with ACTIVITIES OF DAILY LIVING Needs (ADL) F311, F312, F373

**Based on QIS CE Pathway CMS-20066 ADL and/or ROM Status
(Includes Cleanliness/Grooming and Positioning)**

<http://www.aging.ks.gov/Manuals/QISManual.htm>

Use of this tool is not mandated by KDADS for regulatory compliance nor does its completion ensure regulatory compliance. It is a resident specific review tool for staff to complete on a resident who requires assistance of ADLs or has had a decline in their ability to maintain the ADL function. Additional critical thinking skills should be applied for a thorough evaluation.

DATE DUE: _____

RESIDENT NAME: _____

DATE(S) OF COMPLETION: _____

STAFF COMPLETING RESIDENT REVIEW: _____

RESIDENT CRITERIA - Check all criteria applicable to resident selected for review.

- ☐ 1. Had a decline in ADLs (F310)
- ☐ 2. Has potential to maintain or improve ADL ability but has not maintained or improved (F311)
- ☐ 3. Unable to carry out ADL activities and needs staff to perform ADLs (F312, F373)

CODING INSTRUCTIONS

- Review the resident's assessment and care plan to see if the resident's concerns and needs were identified and addressed.
- Observe the resident, the care s/he receives and conduct interviews of the resident/family/representative and staff to see if the resident is receiving appropriate care and services.
- Based on your findings:
 - Check the appropriate box: Yes ☐ No ☐
 - If the item does not apply to the resident leave the box blank.

Review ASSESSMENT

Does the Care Area Assessment (CAA) specify or direct to documentation in clinical record (MDS, physician orders, therapy notes & other progress notes) that accurately and comprehensively assesses resident's overall condition of having limitations in ADL functioning including:

- ☐ ☐ Description of ADL functioning
- ☐ ☐ Causal factors (cause) for any limitations in ADL functioning
- ☐ ☐ Risk and contributing factors for decline or lack of improvement in ADLs such as presence of an unstable condition, acute health problem, pain, change in cognition, behavioral symptoms, visual problems, or a change in medications (psychoactive or anticholinergic) that may affect functional performance
- ☐ ☐ Strengths and abilities of the resident that can contribute to improvement in ADL performance
- ☐ ☐ Causal and contributing factors of resident's resistance to care
- ☐ ☐ Rationale for care plan objective and goal

Review CARE PLAN

Care Plan:

- ☐ ☐ Has a quantifiable, measurable objective with timeframes to be able to assess whether the objectives have been met
- ☐ ☐ Based upon resident's goals, needs, and strengths
- ☐ ☐ Based upon resident choices and preferences and interdisciplinary expertise
- ☐ ☐ Reflects comprehensive assessment (MDS & CAA)
- ☐ ☐ Consistent with current standards of practice
- ☐ ☐ Promotes resident dignity
- ☐ ☐ Identifies interventions with sufficient specificity to guide provision of ADL services and treatment
- ☐ ☐ Identifies restorative nursing approaches specific enough to identify steps that both resident and staff will take to improve/or maintain ADL functioning
- ☐ ☐ Identifies interventions staff will provide for resident who requires assistance with ADLs including provision of oral care, hygiene and maintenance of cleanliness throughout day
- ☐ ☐ Provides for premedication prior to the provision of ADLs
- ☐ ☐ Defines environmental approaches to promote resident's independence in ADLs

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Review CARE PLAN continued

- ☐ ☐ Identifies needed adaptive devices, appliances, and equipment for ADL performance
- ☐ ☐ Identifies if Paid Nutrition Assistant assisting resident to eat and associated care.
- ☐ ☐ When refers to nursing home protocol for ADL assistance, deviations from or revisions to protocol for resident are clarified
- ☐ ☐ Protocol referenced in care plan available to caregivers and staff familiar with protocol requirements

Review CARE PLAN REVISION

Resident's condition and effectiveness of care plan interventions monitored and care plan revisions based upon following:

- ☐ ☐ Achieving outcome and/or effects of goals and interventions
- ☐ ☐ Decline or lack of improvement ADL status
- ☐ ☐ Failure to comply with provision of care for ADL and alternative approaches developed
- ☐ ☐ Change in condition, ability to make decisions, cognition, medications, behavioral symptoms or visual problems
- ☐ ☐ Evaluation of resident's level of participation with and response to care plan
- ☐ ☐ Resident's refusal or resistance to services requiring alternative means to address ADL needs

OBSERVE RESIDENT

Observe whether staff consistently implement the care plan over time and across various shifts.

- ☐ ☐ Care provided by qualified staff
- ☐ ☐ Care plan correctly implemented
- ☐ ☐ Staff followed current standards of practice in provision of care
- ☐ ☐ Care provided in a manner that prevents resident from expressing feelings of being ignored, disrespected, embarrassed, humiliated
- ☐ ☐ Resident free of any negative outcomes related to provision of care and services

1. For resident who has had a decline in ADL ability

2. For resident with potential to maintain or improve, but has not maintained or improved, with ADL ability

Staff:

- ☐ ☐ Encourage resident to perform ADLs (grooming, dressing, oral hygiene, transfer, ambulation, eating, toileting, etc.) independently or to participate in ADL as much as the resident is able

F310, F311, F312, F373 -RESIDENT with ADL Need

OBSERVE RESIDENT continued

- ☐ ☐ Provide interventions and allow sufficient time for the resident to complete tasks, such as washing face, brushing teeth, or combing hair by himself/herself or with cues
- ☐ ☐ Allow sufficient time for the resident to stand up and ambulate to an activity with an assistive device, as appropriate (instead of transport in a wheelchair to save time)
- ☐ ☐ Provide the resident, as needed, supportive, assistive devices such as splints, walkers, or canes

3. For resident who is unable to carry out ADL activities and needs staff to perform ADLs

Staff:

- ☐ ☐ Ensure the resident receives all necessary assistance in ADLs such as grooming, dressing, hygiene, transfer, ambulation, eating, toileting, etc.
- ☐ ☐ Provide skin care to contracted joints to keep areas clean and to prevent skin breakdown
- ☐ ☐ Resident receiving assistance with eating or drinking by a paid feeding assistant is not having problems with eating or drinking

INTERVIEW RESIDENT/FAMILY/REPRESENTATIVE

- ☐ ☐ Were you involved in the development of your care plan, approaches and goals?
- ☐ ☐ Do the interventions reflect your choices and preferences?
- ☐ ☐ Are you provided assistance with your ADLs needs according to your care plan?
- ☐ ☐ Do you know how to use adaptive devices or equipment for carrying out your ADLs?
- ☐ ☐ Do staff provide timely assistance for toileting, eating, bathing, hygiene, grooming, dressing and ambulating?
- ☐ ☐ Have staff given you any instructions to help improve or maintain ADL performance? Are you able to follow the instructions?
- ☐ ☐ Do you tell staff when you have pain that affects your ability to carry out your ADL performance?
- ☐ ☐ Do staff manage your pain effectively so you can carry out your ADLs?
- ☐ ☐ Have you ever refused any intervention or treatment?
- ☐ ☐ Have you participated in any discussions about the potential impact of your refusal of any intervention or treatment?
- ☐ ☐ Did staff offer you other alternatives or other approaches when you refused the intervention or treatment?
- ☐ ☐ Were you involved in revising any care plan strategies & interventions, when intervention or treatment did not work or you refused them?

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INTERVIEW NURSING STAFF

Code based on person verbalizing appropriate answers on the questioned issue.

- ☐ ☐ Tell me about the type & amount of assistance needed by resident with ADLs (including oral hygiene) (Direct Care & Nurse)
- ☐ ☐ Tell me about the ADL rehabilitation and/or restorative care schedules and instructions to follow (Direct Care & Nurse)
- ☐ ☐ What is resident's level of comfort related to ADL care (Direct Care & Licensed Nurse)
- ☐ ☐ Does resident resist care provided, and if so, when does the resident's resistance occurs (for example, during certain types of care, certain times of the day, or certain staff,) (Direct Care & Nurse)
- ☐ ☐ What is process do you follow for monitoring implementation of care plan (Nurse)
- ☐ ☐ How do you determination effectiveness of provision of ADL techniques and restorative nursing program? (Nurse)
- ☐ ☐ What alternatives and other approaches are offered when resident refuses interventions (Nurse)
- ☐ ☐ If the resident not on a restorative program, what is rationale that resident could not benefit from a program (Nurse)

INTERVIEW OTHER HEALTH CARE PROFESSIONALS

Complete if care provided or interventions defined do not appear to be consistent with recognized standards of practice. Interview one or more health care practitioners and professionals as necessary (e.g., physician, charge nurse, director of nursing) who, by virtue of training and knowledge of resident, should be able to provide information about causes, treatment, and evaluation of resident's condition or problem. If attending physician unavailable, interview medical director.

Code based on provision of appropriate answers to following questions

Identify staff interviewed and their title _____

- ☐ ☐ Awareness of reason for decline in ADLS, i.e. refusal to participate, change in condition
- ☐ ☐ How were chosen interventions determined appropriate?
- ☐ ☐ What is the rationale for lack of interventions for identified risks?
- ☐ ☐ What changes in the resident's condition warrant additional or different interventions?
- ☐ ☐ How are validate the effectiveness of current interventions validated?
- ☐ ☐ How are approaches for restorative programs, such as policies/procedures, staffing requirements, monitored?
- ☐ ☐ How are identify problems identified, resident assessed and care plan developed and implemented?
- ☐ ☐ How resident's responses monitored and evaluated?

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AFTER REVIEW OF FINDINGS, QA COORDINATOR OR DESIGNEE SHOULD DETERMINE if facility:

- ☐ ☐ Recognized and assessed factors affecting resident's ADL functioning
- ☐ ☐ Defined and implemented pertinent interventions consistent with resident condition, goals, and recognized standards of practice to try to address factors contributing to decline in ADL functioning
- ☐ ☐ Monitored and evaluated resident's response to interventions
- ☐ ☐ Revised care plan approaches as appropriate

If Paid Nutrition Assistants(PNA) assisted resident with eating:

- ☐ ☐ PNA completed State-approved training course
- ☐ ☐ PNA provision of assistance with eating consistent with regulations
- ☐ ☐ PNA had licensed nurse supervision when assisting resident to eat
- ☐ ☐ Resident was eligible to receive assistance from PNA due to an absence of complicated feeding problems and based on charge nurse's assessment and resident's latest assessment and plan of care

QA COORDINATOR OR DESIGNEE SHOULD ALSO DETERMINE

- ☐ ☐ If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's ADL (self-care) needs, and the impact upon the resident's function, mood, and cognition? F272
- ☐ ☐ Did the facility develop a plan of care with measurable goals and interventions to address care and treatment related to the resident's ADL needs to (a) ensure provision of care to meet ADL needs (b) prevent decline in ADL abilities or (c) improve functioning, if applicable, in accordance with the assessment, resident's wishes, and current standards of practice? F279
- ☐ ☐ Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? F282
- ☐ ☐ Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident? F280

FOLLOW UP "NO" ANSWERS TO DETERMINE NEED FOR E A CORRECTIVE ACTION PLAN AND REPEAT OF THE TOOL ON THE SAME RESIDENT WITHIN TWO WEEKS OF FOLLOWING THE IMPLEMENTATION OF THE CORRECTIVE ACTION.